PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number		
Substitute for Form PTO-875									19/965428		
· CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		CR.	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FER
(27	IC FEE CFR 1.18(a))				•			•	OR		•
YOYAL CLAIMS (37 CFR L18(4))			mina 20 =				23		OR	× 8 •	
	EPENDENI-COAL	MS	minus 3 =				x 5 •		OR	xs -	
MULTIPLE DEPENDENT CLAM PRESENT (57 OFR 1.18(d))						l	+3		OR.	**	
" If the difference in column 1 is less than zero, order "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
l .	آسي ۾ اي	Culino vo vin	LNUCU	- PARI II				OR.	OTHE	R THAN	
旦	4-00	(Column 1)		(Column 2)	(Column 3)		SWALL	ENTITY		SMALL	ENTITY
ENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR,	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
I₹	Total GFGFR 1,18(d)	· KeO	Minus	164		l	x s•		OR	x s=	
EN I	Independent (SF CFR 1,1890)	. 19	Minus	"31	- 0		x \$•		OR	x s •	,
₹	FIRST PRESENT	ATION OF MALTIPL	E DEPENDI	91T CLASM (37 CF	R 1.16(4)		+5 •		OR	+5 •	
-K							TOTAL ADDL FEE		OR.	TOTAL ADDIL FEE	
(Column 1) (Column 2) (Column 3)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE
ENDM	COURT LINES	.33	Mirses	164	•		x s		OR	x s•	
ã	Independent (SF OFR 1,1004)	:/2	Minus	<u>-3//</u>	•		X 8 =		-02_	X S	•
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+8•		OR_	+6.	
m1705							ADD'L FEE		OR	TOTAL ADDZ FEE	
14		(Column 1)		(Cotuma 2)	(Cotumn 3)				. /		
MENT C		CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total (profit Links)	· K5	Minus	•	•		x s •		OR	xs/	·
	(D. Char Frieid) judebeudeur	.72	Mines	400	•		x 8 •	• /	OR	x*_/-	
8	FIRST PRESENT	ATION OF MALTIPL	E DEPENDI	DIT CLAIM (27 CF	R 1.16(0)		+5 .		OR	+1/-	
							TOTAL ADDL FEE	/	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "I" in column 3. " If the "Vignest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Vignest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3".											

This collection of Information to required by 37 CFR 1.16. The Information is required to obtain or retain a barrefit by the public which is to the (and by the UTPO to process) an application. Condetentably is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is settingsted to take 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the including cases. Any commands on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Offices, U.S. Patient and Tredemark Diffice, U.S. Department of Commerce, P.O. Sox 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. \$2500 TO: Commissioner for Patients, P.O. Sex 1450, Alexandria, VA 22313-1450.

If you need existence in completing the form, cell 1-800-PTO-9189 and select option 2.